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Application Number	09/739,933
Filing Date	December 18, 2000
First Named Inventor	Reid, James
Title	Compositions and Method for Manipulating Glial Progenitor Cells and Treating Neurological Deficits
Art Unit	
Examiner Name	
Attorney Docket Number	3894-102708

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24628

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Matthew Kilpstein

Telephone 858-759-5228

Title and Company

CEO NeuroRepair, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.